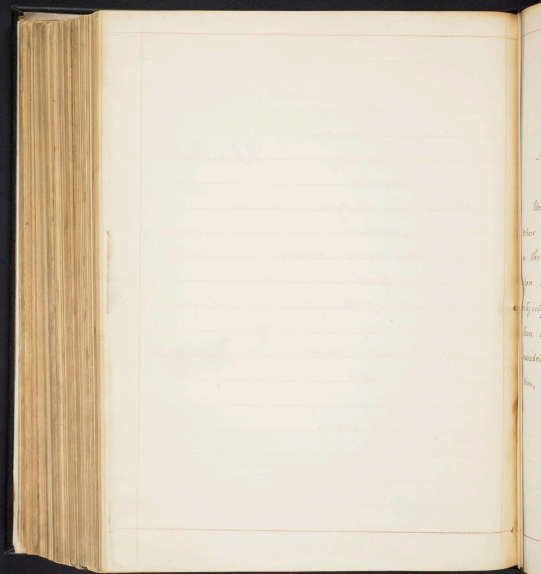


An  
Inaugural Dissertation  
On  
Dyschæcæle  
For the degree of Doctor of Medicine  
Addressed  
To the Medical Faculty  
Of the  
University of Pennsylvania  
By  
Crispian Collins Pratt  
Of  
Virginia  
A. D. 1828-9



To

Wm Wilson M.D

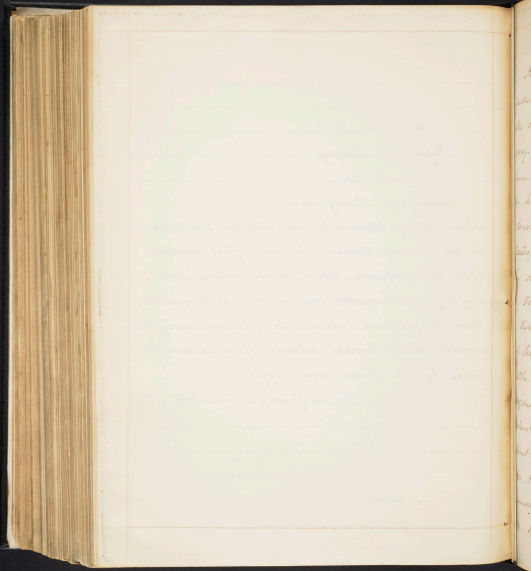
Professor of Surgery

In the

University of Pennsylvania

whose literary attainments and extensive knowledge  
in the various Medical Sciences reflect honour  
upon the profession, whose private virtues and  
integrity of character are not less distinguished  
than his splendid abilities, the following essay is  
inscribed as the highest testimony of respect and es-  
teem, by his friend and pupil

Conway Rollins M.D.





### Bronchocle

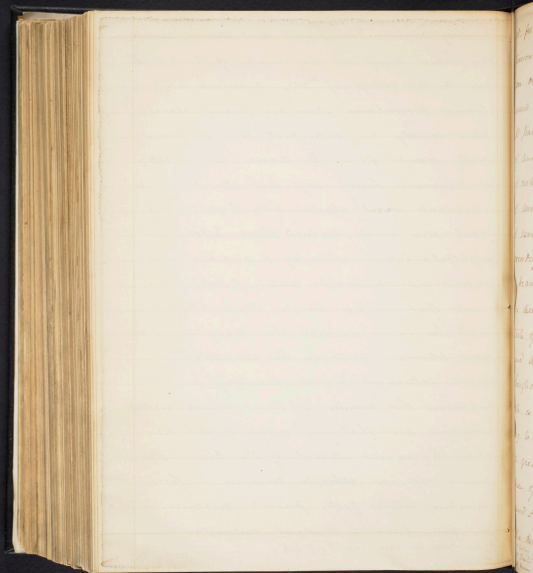
As I have probably in the catalogue of medical affections given such a variety of appellations as the one which is the subject of the present essay. The terms *Bronchocle*, *Ceter* or *Cetera*, *As-tium*, *Cutis humidum*, *Kenia guttalis*, *Emgema* &c have all been indiscriminately used to denote a preternatural enlargement or hypertrophia of the thyroid gland. In England the disease is known under the popular name of *Goiter* or *Goitre*.

History affords ample proofs of the antiquity of this disease and I think there can be little doubt of its coexistence with the aborigines of these countries and provinces in Europe where it is known at the present day. At least analogy would lead us to this induction, for Professor Bator informs us that in his travels among that tribe of Indians settled at Onondaga in the state of New York he found *Bronchocle*.

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a very common complaint and likewise among  
the natives living on the banks of the Indus  
river. In the valleys of <sup>the</sup> Alps, Apennines and  
Pyrene mountains there are many places  
where scarcely an individual can be found  
totally exempt from this disease. In the valley  
of Maurienne, Lorry says that almost all the  
inhabitants were affected with fits of dif-  
ferent kinds which rendered them hideous and  
frightful. \* Colicium or idiosyncrasy is a disease often  
combined with fits. Dr Howard of Baltimore re-  
marks that in his travels through Switzer-  
land he noticed near him many others who  
were likewise gesticulous. He also adds that  
as he advanced towards Martigny and St  
Maurice the number of these persons evidently  
increased and that the reverse of this was  
observable in his descent of the Rhone. This  
mental affection although common in those  
countries where fits prevail endemically, is  
far from being a constant concomitant with

\* See Mem. de Chin. Hist. T. 1. p. 193

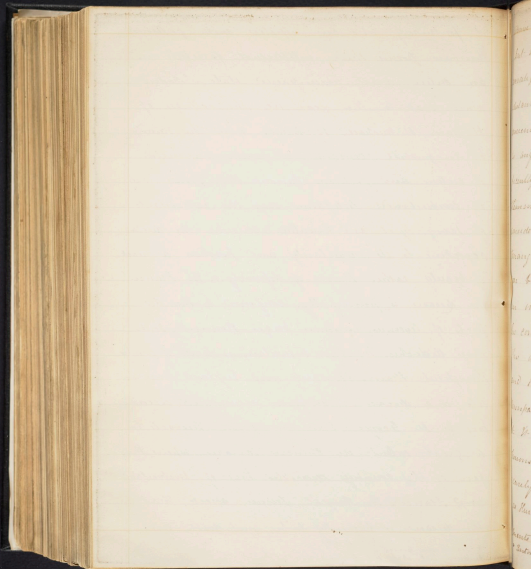


it, for many who are affected with venereal tumours possess their intellectual faculties in an entire and unimpaired state. I should add that in the year 1811 the villages of St. Jean, St. Michael, St. Maurice and the vicinity of Amigneville contained a greater proportion of cutaneous and venereal persons than <sup>any</sup> other part of Switzerland.† Erythema says the inhabitants of Savoy, Grol and Caenlthia consider the disease according to its regularity and position a mark of beauty rather than of deformity.‡ In France the disease is principally confined to the districts of Artois, Normandy, Burgundy, Rouergue, Languedoc and Auvergne. In the mountainous parts of country throughout Spain, Germany and England Blenorrhoea is a disease of common occurrence.§ According to Sir George Haughton gonorrhoea prevails to a great extent in Chinese Tartary, where the face of the country resembles that of Switzerland and France. Sir Joseph Turner adds that the disease is frequently to be met with and

§ Erythema in Erythema vol. 1 p. 267

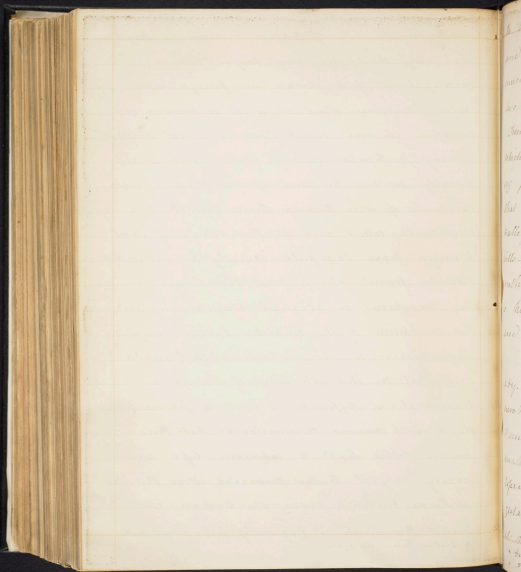
† Parle des Grols.

‡ Memo. Hist. Nat. del. 302 p. 32



than in the hills of Bolson bordering on Brazil.  
But why should we any longer pursue our  
investigations of a disease in foreign and  
distant countries when it is of so common oc-  
currence in our own? That it is not confined  
to any particular quarter of the globe is suf-  
ficiently evident: In some of the Spanish set-  
tlements of both America. Scurvy prevails to a  
considerable extent; and in the village of Sacal-  
tenanga near Tacapula scarcely an inhabitant  
can be found who has not the disease in  
an incipient or advanced stage. Benpland  
the companion of the celebrated Humboldt says  
the disease is endemic in N. W. Canada  
and that in the little towns of Hurda and  
Mucpa it is difficult to find a person without  
it. It is a curious circumstance that those  
persons who lead a laborious life are  
scarcely subject to the disease. Near the lakes  
of Huron, Ontario &c. among the Indian settle-  
ments Bronchitis is frequently to be met with.

\* Barton's Mem. on Scurvy





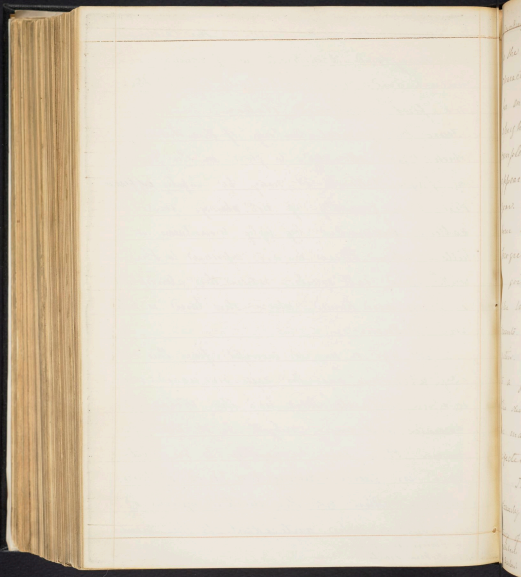
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In Vermont, New York, Virginia, the Carolinas  
and Maryland Bronchoceli is of common oc-  
currence and more particularly so in the  
two just mentioned states.

From the general history of the disease  
which I have attempted to give in the preced-  
ing pages, I think it may be safely affirmed  
that it is generally, if not always found in  
valleys surrounded by lofty mountains or  
hills—where there is an exposure to the  
south and east winds—where the atmosphere  
is heavy and humid—where the land is rich  
and productive.

At age a year is exempt—From this mat-  
tady, numerous are the cases on record when  
nursing infants have had the disease.  
Females are more subject to it than the  
males. It is said frequently to be devel-  
oped in them during the period of Men-  
struation when not the smallest marks of  
it were inhibited antecedent to this event.

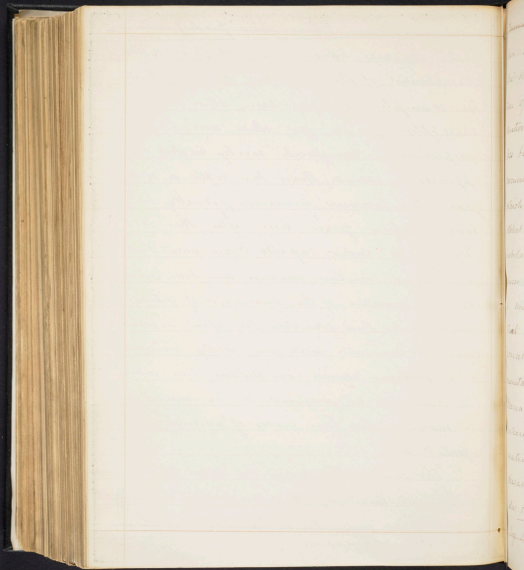
\* Fever in Girls

\* Fever waits the men



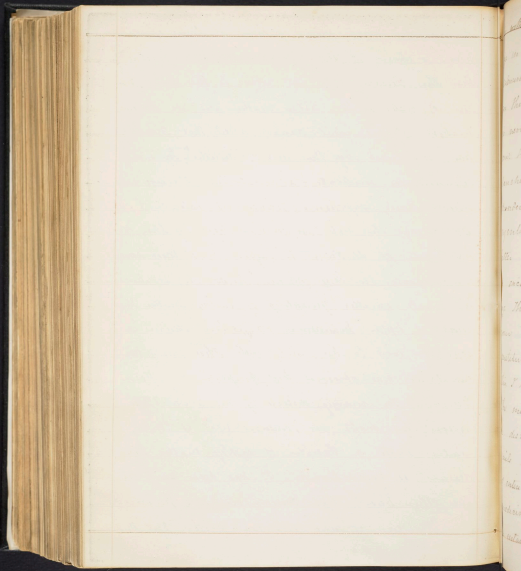
According to Buppin Gibbon those predisposed  
 to the disease have many of those marks  
 characteristic of the scrofulous diathesis. Such  
 for example as light hair, blue and  
 sparkling eyes, a fair skin and florid  
 complexion &c. Bronchocela rarely makes its  
 appearance sooner than the eighth or ninth  
 year. The tumour increases gradually for  
 four or five years and after this its  
 progress is more rapid. I believe asserts that  
 in goitrous countries, children are born goitrous  
 after two generations of the inheritance of goitrous  
 parents. In the third generation the infant is born a  
 cretin, a imbecile, weak and wretched maniac  
 to a goitrous woman has children born goitrous  
 This disease is not confined to the human race  
 for many of the lower grades of animals are  
 affected with it.

The causes of this disease are involved in much  
 obscurity and uncertainty. Hence we find in the  
 writings of almost every author on the subject - new theories  
 established. See Nat. Hist. p. 456  
 + Barlow's Memoirs

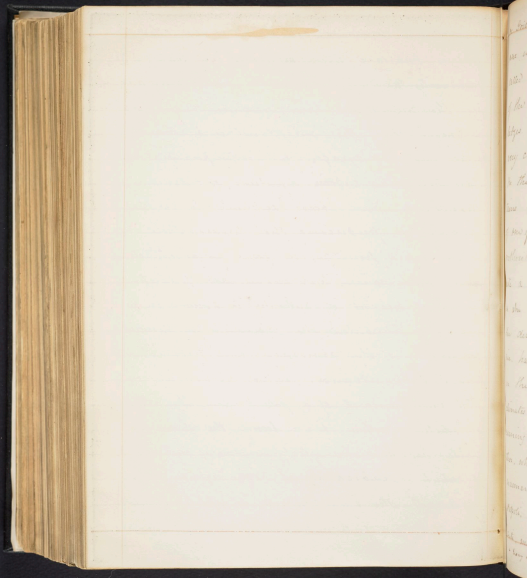


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furnals and most of them in direct opposi-  
tion to those of his predecessors. Some asserting  
that the disease owes its origin to the impregna-  
tion of water with earthy matter and in confir-  
mation of this ideal cause assert that Bronchitis  
has been cured by the use of distilled <sup>water</sup>. In many  
circumstances militate against this theory, facts  
which daily experience proves its fallacy.

Abbot says the water in common use by the in-  
habitants of St. Peter, St. Sulphur & St. Jean, among  
whom gonorrhea is very common, holds in solution  
a much smaller quantity of earthy matter than  
that of Upper Missouri where the disease is  
scarcely ever to be met with. The same cir-  
cumstance was observed by Scouland in New  
Brunswick. In many districts of the United States  
where the water in common use is impreg-  
nated with a variety of earthy matter the  
disease is never known. It has been said on  
the other hand that Bronchitis was produced  
by the use of more and less water. But this



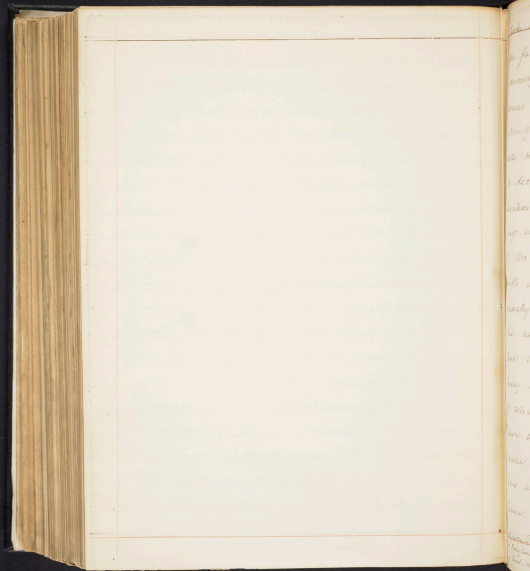
is without doubt as fallacious as the other, for in Greenland where snow and ice water is abundantly used the disease is never seen and on the contrary in those countries where snow is never seen the complaint is a common one. Low and meagre diet, intemperance, debauchery, the sudden eruption of cutaneous disorders &c. have been supposed to be the agents in producing the disease. These latter may possibly in some instances <sup>have</sup> acted as exciting causes, but never as predisposing. The weight of authority is I believe in favour of attributing the disease to a peculiar constitution of the atmosphere, and in proof of this I have advanced some arguments above. The new arrival of a patient from the valley or district within whose limits the disease prevails has had the effect in many instances of entirely eradicating it sans regimen sans medicines. The same remark is applicable, to a certain extent, to continue the frequent attendant





on either. All the cutins that I saw, says Dr. Ross  
 were in adjoining houses, in the little village  
 called La Patia situated in a narrow corner  
 of the valley, the houses being built up under  
 ledges of the rocks, and all of them very filthy,  
 very close, very hot and miserable habitations.  
 In the villages situated higher up the moun-  
 tains no cutins are to be seen, and the mother  
 of one of the children told me of her own accord  
 without my asking the question, that her child was  
 quite a different being when he was up the mountains  
 as she called it, for a few days. Leake attributed  
 the disease to the severity of the cold damp  
 air, having seen it occur, as he states, generally  
 in the winter, and rarely in the warm dry  
 climate of Italy and Portugal. But the assertion con-  
 cerning Italy is contradicted by an Italian au-  
 thor, who says the disease frequently occurs in the  
 warmer parts of it. I quote his language "Qui in  
 Napoli, e per tutto il regno, si veggono molti gos-  
 tili, ma non in numero tale come in Corsica; ed in

\* Essay on the Epidemic, Journal, Vol. 6, p. 22



Geeth also village. The Professor Gibbon has witnessed  
 the fact of persons being cured of Bronchocle by  
 removing from Pittsburg to Philadelphia. Along the  
 course of the Connecticut river in the state of  
 New-York, Hampshire and Vermont where Broncho-  
 cle was once so prevalent, it has been observed  
 to decline "pari passu" with the progress of cul-  
 tivation and clearing of the land. At Pitts-  
 burg in 1798, Zoster was so prevalent that out  
 of 1400 inhabitants, 150 persons were affected  
 with it: since that period the disease has become  
 nearly extinct and the natives attribute it to  
 the use of coal fires. All these circumstances  
 tend to corroborate the theory of the disease  
 being of an atmospheric origin, the peculiarities  
 of which remain yet to be developed. Some  
 have supposed that Zoster arose from the same  
 cause which produces intermittent and other fe-  
 vers, and among the supporters of this doc-  
 trine, was the late Professor Barton. In  
 opposition to this, it may be alleged that

\* Polypheme and Nat. del. Bonn. p. 25.

† Nat. del. Bonn. by Professor Gibbon Nat. Gen.



12  
Glanders prevail in certain districts and places  
where neither is never known and vice versa.  
Dr. Wilson thinks it probable that the cause  
of this disease may be allied to that of  
inflammation, but that it is modified by some  
unknown circumstances and thereby produces  
a different result.

The proximate cause never scarcely to have  
ever attracted the attention of authors on the  
subject, their investigations having been wholly  
directed to the discovery of the remote & proxi-  
mament. It is the opinion or rather conjecture  
of Dr. Wilson that it is an obstruction of those  
canals leading from the larynx and trachea to the  
thyroid gland. Can it be owing to the "mat  
aria" coming in contact with the gland through  
these passages, keeping up a constant and morbid  
irritation and thereby producing inflammation of  
a chronic character and preternatural enlargements.

The Thyroid Gland is situated on the ant-  
erior portion of the neck being placed upon the

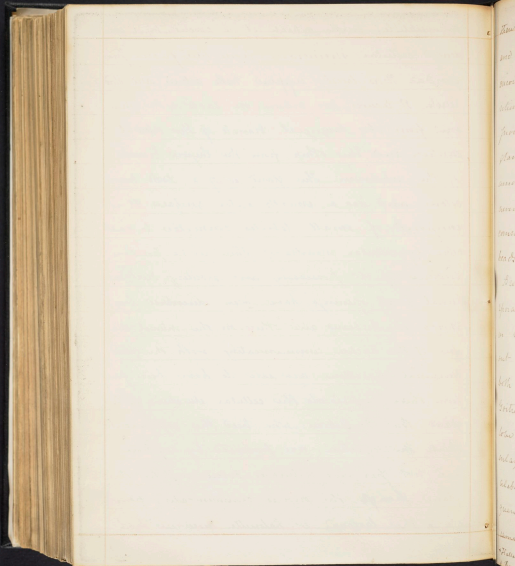


first and second rings of the trachea and on the sides of the larynx. It consists of two lobes and an isthmus the former of which being flattened and ovoidal extend upwards on the sides of the larynx and downwards along the trachea and oesophagus; whilst the latter consisting of a thin narrow slip extends immediately across the upper part of the trachea joining both one lobe to the other. There is also a small pyramidal process arising from the superior and left portion of the isthmus, and running in front of the cricoid and thyroid cartilages is united to the os hyoides by ligamentous fibres. The gland when extended according to Dr. Ferriar measures about three inches from side to side. It is covered in front by the sterno-hyoid and thyroid muscles and laterally by the omohyoid and sterno-mastoid. Its lobes repose upon the primitive cartilages and the internal jugular veins. It has an investing capsule but so thin as to render it almost imper-





imperceptible, besides which it is covered by a condensed cellular membrane from the fascia profunda. It is largely supplied with arteries and lymphatics. It receives two arteries on each side, the one from the laryngeal branch of the subclavian artery, and the other from the thyroide branch of the subclavian. The gland is of a dark brown colour and has a smooth outer surface. It is composed of small lobules connected to each other by cellular membrane. There is no positive evidence of its possessing any excretory duct, but several small openings have been described by Morgagni, Boissieu and others on the internal surface of the trachea communicating with the gland. Mercurial injections are said to have been found from these orifices into the cellular structure of the gland. But Dr Gibson who tried the experiment thinks the injection was produced by rupture and not per vias naturales. Forst inflated the gland through the orifices communicating from it to the larynx. Mr. Sabourin discovered that

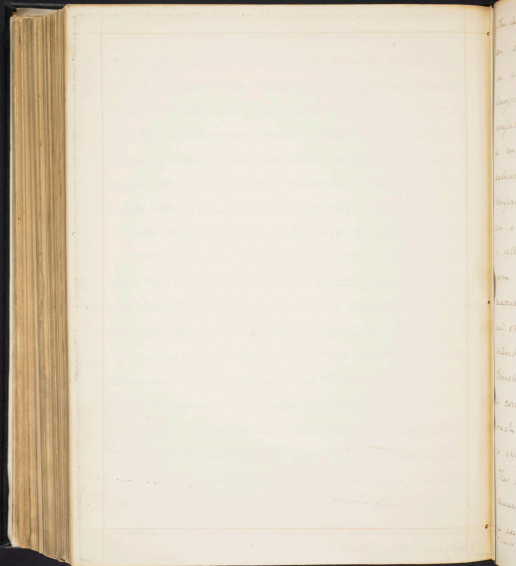


There was a direct communication between this gland and those lymphatics situated over the thyroid & ovoid cartilages. It is said that labours, parturition and lifting heavy weights have suddenly produced a preternatural enlargement of the gland. Reichenow who saw many cases of goitre among the American Indians, says the disease never made its appearance until the female commenced to carry heavy burdens upon their heads.\*

Benchole is a disease, if not produced by sporadic cause, of slow and gradual progress and in many cases may exist a considerable time without the knowledge of the patient; particularly if both lobes should be affected at the same time. Goitre however for the most part commences in one lobe first. But in some instances a uniform enlargement is observed throughout the gland. Alibert says the tumour commences more frequently in the right than left lobe, and the same observation has been made by Dr Gibson.

\*Haller's Elem. Pharm.

†Foster's Essay.



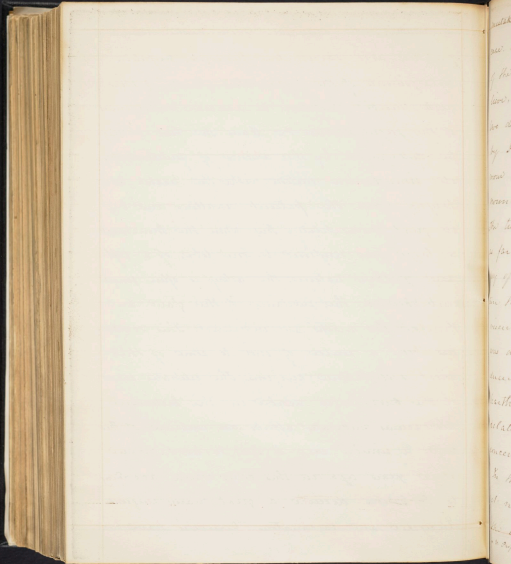
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The tumour of the breast in its progress, goes on enlarging to an enormous extent: weighing in some instances seven or eight pounds & hanging upon the chest so as greatly to impede respiration. Hubert relates the case of a man who had a monstrous tumour which extended to the middle of his chest, and he compares it to a Pelican's pouch. La poche tumide qui s'est formée au dessus de son menton, ressemble à celle de l'oiseau désigné communément sous le nom de Pelican, et qui figure comme objet de curiosité dans les cabinets des naturalistes. Millemeys and others have related cases where the tumour extended to the umbilicus and even to the knee. Emphacole when unaltered by active inflammation is compulsively immovable, soft and doughy to the touch and if it does not impede respiration is rather a source of inconvenience than pain. The diagnosis although apparently easy, the disease being identified by many peculiarities is sometimes obscure and difficult. It may be

*Hubert des Ventes par Hubert*

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confused with aneurism of the carotid artery.  
cystic and sarcomatous tumours, suppurative  
enlargements of the lymphatic glands of the  
neck, morbid dilatation or cancerous enlargement  
of the jugular vein &c. From the first it may  
be distinguished by the absence of pulsation, by  
its simultaneous action with the trachea and  
larynx when the patient swallows and by  
its great insensibility. But when the aneurism  
is large and confined to one lobe, of a soft  
and yielding nature, the artery is often found  
imbedded in the substance of the gland and  
therefore the marks are indistinct. This remark  
has been a source of error to some of the  
most enlightened surgeons. The celebrated case  
of the cuta supra recorded in the *Bellemain  
des sciences medicales* affords an instance of this  
kind. A similar case is said to have occurred  
some years ago in this city, which according  
to Dr. Gibbon deceived a great many surgeons.  
Cystic and sarcomatous tumours have been





18  
mistaken for Branchocela, but the history of the  
case, and its general appearance & the diathesis  
of the patient taken tout ensemble are, I be-  
lieve, the only means of distinguishing the  
two diseases. An interesting case is recorded  
by Dr Gibbon of an officer who had a tu-  
mour of this kind, which had been pro-  
nounced by many surgeons to be Branchocela.  
The tumour extended from behind the sternum  
as far up as the thyroid gland. From the his-  
tory of the case Dr Gibbon was induced to punc-  
ture the tumour, when a quantity of thick  
viscid, shining and voluminous offensive matter  
was discharged. How the disease had been in-  
duced by the long continued use of the  
leathern stock. Polyzono and Hygie have  
related similar cases, but they erroneously  
conceive them to be a variety of the disease.

In the case recorded by Piquet Gibbon, may  
it not have been the result of effusion from  
the inflamed pleura, caused by the long

\* & Piquet's disease may in truth be the same.

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continued pressure of the stock; a morbid distension of the jugular vein may be distinguished from Brachiocele by its low situation, diminution in pressure and immediate return at its removal. — Its fluctuation and general tenderness along the course of the vein. It has been indiscreetly supposed that Brachiocele & Scrophula were the same disease; but this opinion is without foundation. The following are the leading marks of distinction. True Brachiocele is simply a local affection, the constitution remaining unimpaired. Scrophula is without limit in its various effects, pervading the whole system with its ravages. They both occur in most instances in youth, but at different periods. The later disease often terminates even spontaneously as the patient acquires strength and advances towards the years of puberty, whilst the former never does. Scrophula is rarely influenced by change of climate, or the contrary order is often cured by it. Venous humours are less purged.



scrophulous humours suppurate more frequently than  
 Anterior. The two Aduars appear to be confined  
 to different countries, for in Scotland scrophula  
 is a very common complaint, but Bronchitis  
 is rarely met with. The reverse of this is to be  
 seen in Switzerland. In some few cases  
 Bronchitis has extended so high up the  
 neck as to be mistaken for scrophula. Mr Burns  
 has related a case strikingly illustrative of  
 this fact. "Beneath the sterno-mastoid muscle 'scrophula'  
 'The enlarged gland was lobulated and clustered  
 into small processes, precisely resembling a chain  
 of enlarged concatenated glands. Indeed, had I  
 alone trusted to the impressions received before  
 dissection, I would have been led to believe that  
 the lymphatic glands of the neck were actually  
 swollen, and besides that several of the conglomerate  
 glands placed behind the sterno-mastoid muscle  
 between it and the trachea were also affected,  
 for into that space processes from the left  
 lobe of the thyroid gland extended." From the



appearances presented in post-mortem examinations. Morgagni have arranged the disease into several species such as the calcareous or sanguineous, the encysted, slow or rapid Bronchocele. But Dr Gibson objects to these distinctions and regards the different appearances as modified forms of the original complaint. Another species has been denominated Bronchocele ventrosa but this being produced by the reception of air into the parenchymatous structure of the gland or adjacent cellular membrane cannot be considered as a true form of the disease.

The gland has in some instances been converted into a bony mass and but infrequently portions of calcareous and cartilaginous matter have been found in its internal structure. Bronchocele sometimes takes on the suppurative process and after discharging immense quantities of pus, entirely disappears leaving the patient perfectly cured. Many and numerous are the instances related by authors of this Magazine &c.





kind. But on the contrary respiration has de-  
 stroyed certain portions of the larynx and tra-  
 chea and the patient has lost his life by  
 suffocation. "On a trouvé," says Portal "dans des su-  
 jets qui étoient morts de suffocation, les  
 cartilages thyroïdes, cricoïdes et les anneaux  
 cartilagineux de la trachée saine, coupés par  
 la saignée, à la suite d'un abcès dans la  
 thyroïde." Baratro, Morgagni & Lentinand ont cités  
 des pareils exemples dans leurs ouvrages? Tubercu-  
 lar phthisis has been produced by this disease  
 the tumour from its pressure on the thorax  
 obstructing the respiration. This however is of  
 rare occurrence.

In the treatment of this disease  
 no remedy has ever proved so beneficial  
 or efficacious as a change of climate; but  
 as this is not within the power of every in-  
 dividual, various other remedies have been  
 resorted to, both medicinal & surgical.

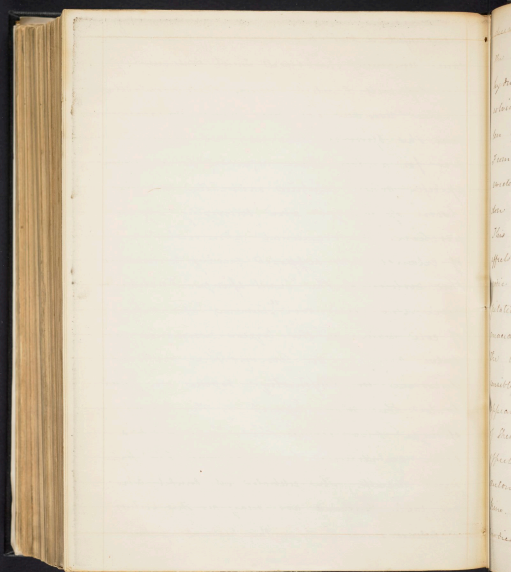
Hot medicines do and have often proved

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unsuccessful is not to be wondered at, since the cause remaining the effects must consequently be difficult of relief. Among the most celebrated remedies for this disease formerly was the sponge teta, and in Europe it was for a long time regarded as a certain specific when exhibited internally in the form of lozenges and externally byunction. The occasional administration of calomel was supposed greatly to increase the virtues of the "burnt sponge". Frictions were also used over <sup>the</sup> tumours, applications of cold water, or the liquor ammoniac acetatis, camphor &c. Among the brilliant discoveries in Chymistry, Iodine was found to be the active agent of the burnt-sponge, and since that time it has been substituted for it with the happiest results. The celebrated M. Coindet who has lately published an essay on the virtues of Iodine speaks of it in the treatment of this

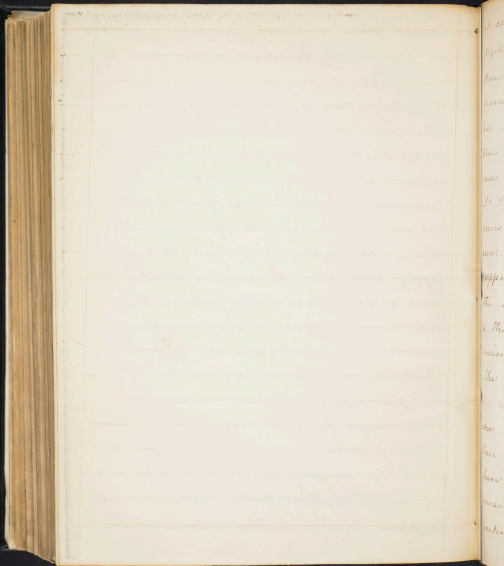


decreased with the highest incisions. Of all  
the different formulas he prefers the iodine  
hydrate of potassa. This is prepared by dis-  
solving thirty six grains of the hydrate and  
ten of iodine, in one ounce of distilled water.  
From six to ten drops in half a glass of water  
sweetened, is given three times a day, the  
dose being increased or diminished pro u rata.  
This is to be continued until it produces its  
effects on the system which Dr. Combel calls  
iodic symptoms. Such as accelerated pulse, pal-  
pitation, frequent dry cough, loss of sleep, rapid  
evacuation and debility, swelling or trembling of  
the lower extremities. The breasts are sometimes  
sensibly diminished, and the tumour either dis-  
appears or becomes painfully hard. When any  
of these symptoms appear, which witness its  
effects on the system, the iodine is to be  
discontinued, and with, warm baths, potassium  
bino, carbonate of ammonia and other antispas-  
modics are to be exhibited. To the painful

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tumour laches and more fomentations are to be applied. The tincture is another form in which Iodine has been used but not with the same success as <sup>the</sup> hydriodate. King's lozenges were once very celebrated, but Dr Gibbon states that he has frequently tried them without any very decided effect. The long continued use of the sulphate of potash has in some instances entirely relieved the disease. Hence we may infer that the happy combination of these two remedies viz. Marsh & Iodine, under the form of hydriodate is without doubt the most efficacious formula in use. For the use of leeches in Bronchitis we are indebted to Professor Gibbon who first introduced it into practice. In the early stages "he says" it rarely ever fails in producing entire cures. That it acts like a charm in removing the morbid mass, without inducing those tremble and alarming symptoms peculiar to Iodine. From this cause

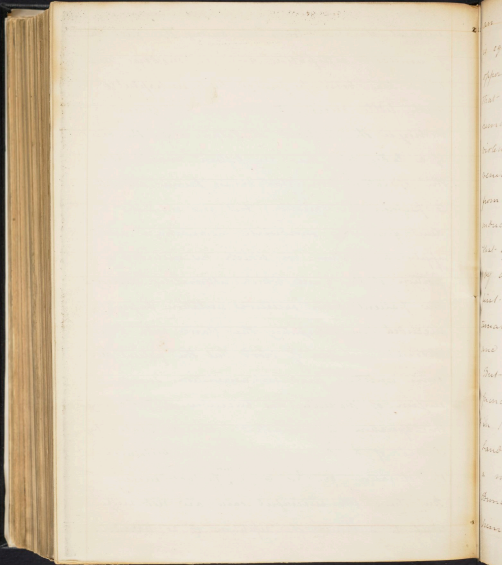




it certainly merits the priority. Belladonna and  
Sedative have likewise been recommended in  
Amoebae, but they have not proved so ef-  
ficacious as some other remedies and their use  
has been abandoned. The disease has some-  
times been recovered by frequent Bleeding  
cases of this kind are related by M. B. Bell.  
Dr. Physick and some others have effected  
cures by gentle though long continued pres-  
sure. From the circumstance of spontaneous  
suppuration sometimes curing the disease  
the earlier surgeons were probably first led  
to the use of the seton. The practice is of very  
ancient origin and the discoverer is unknown.  
The caustic was also used by the ancients, its  
use is questioned by Celsus. Both of these reme-  
dies have been long since abandoned from  
their many fatal results. When all remedies  
have failed and the tumour continues to in-  
crease so as to endanger the life of the  
individual, the last and only resource is a

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surgical operation. Lithu was among the first to  
 recommend catyription and in modern times  
 it has been performed but unhappily  
 with little success. Hemorrhage has generally  
 destroyed the patient. M. Salpin relates the case  
 of a lady who died in fifteen minutes after  
 the operation from this cause. Savard attempted  
 to perform the operation, but was compelled to  
 abstain from the inordinate hemorrhage and  
 apply a ligature in which he included a  
 portion of the gland, which ultimately destroyed  
 the patient from excessive irritation. Dupuytren  
 succeeded in catyripping the gland, with a very  
 inconsiderable loss of blood, but the patient died  
 from irritation and inflammation. Savard a  
 surgeon of Manille has succeeded in performing  
 the operation. A remarkable case is related by  
 Fobert of a Sanguian barber who performed  
 the operation on his wife <sup>with</sup> perfect success.  
 But these few successful cases are not suffi-  
 cient to authorize the reputation of so hazardous



an operation. Dr. Sisson whose professional skill<sup>28</sup>  
is equalled by few and surpassed by none is  
opposed to this operation, from the conviction  
that although the patient may not die of  
hemorrhage, he can scarcely ever survive the  
violent constitutional symptoms which super-  
vene. Limag'd by the many fatal results  
from enterpaim. Mr. Alverard an English<sup>Physician</sup> was  
induced to try a new mode of operation; on  
that of tying up the thyroïd arteries and then  
by desecoy the medium of hemorrhage. In his  
first experiment the wound was unfor-  
tunately attacked with hospital gangrene  
and the patient died of repeated hemorrhages.  
But his theory was founded upon too correct  
principles to pass unnoticed by other surgeons.

\* In 1818 Eugene Matthes of the University of  
Landshut performed a similar operation on  
a man twenty four years<sup>29</sup> who had a  
Aneurysm of immense size, which gave  
him almost insupportable pain. He first

1847

Jan 1st

Feb 1st

Mar 1st

Apr 1st

May 1st

June 1st

July 1st

Aug 1st

Sept 1st

Oct 1st

Nov 1st

Dec 1st

Jan 1st

Feb 1st

Mar 1st

Apr 1st

May 1st

June 1st

July 1st

Aug 1st

Sept 1st

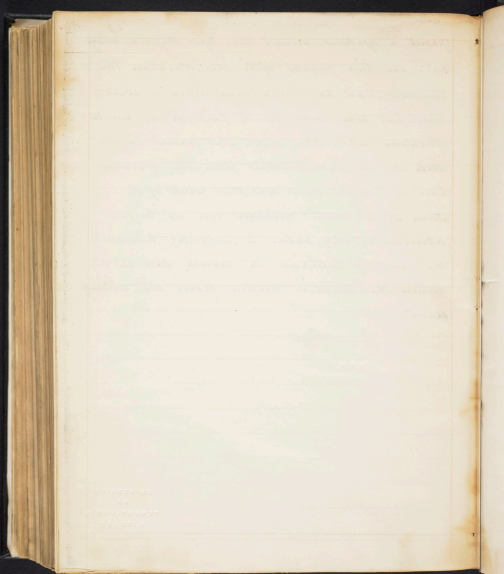
Oct 1st

Nov 1st

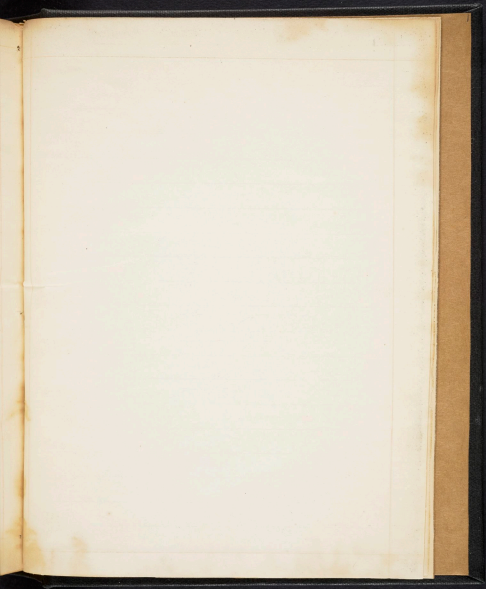
Dec 1st

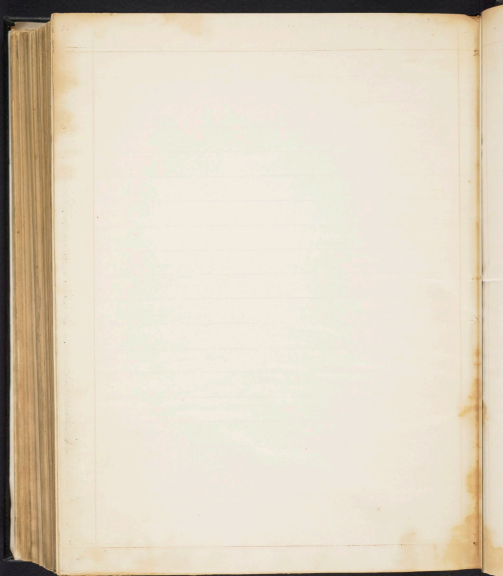
passed a ligature around the left hypic artery  
and in two weeks after the operation the  
tumour had so much diminished in size,  
that he was induced to perform a similar  
operation upon the right. The patient suffered  
little or no inconvenience from the operation,  
and a perfect cure was the result of it.  
Thus it is when medicine can no longer  
administer the balm to suffering humanity  
that surgery interposes its divine aid and  
rescue the devoted victim from an untimely  
grave.

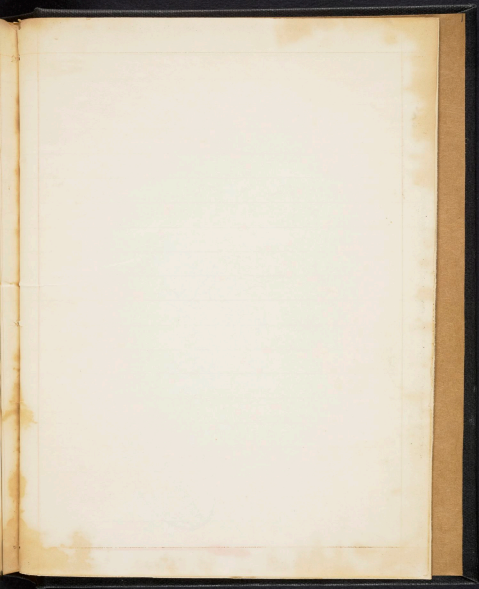
Louis











A - B.

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